

123003

17175 U.S. PTO

PTO/SB/05 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 087522-785-323
First Inventor May R. Machael
Title Chair W/Backward & Forward
Passive Tilt Capabilities
Express Mail Label No. ET 684369765 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 21]
(preferred arrangement set forth below)
- Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 10]
5. Oath or Declaration [Total Sheets 31]
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
- i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ Paper
- c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Check for \$896.00

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information:

Examiner

Art Unit:

For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: 28104 OR ☐ Correspondence address below

Name

Address

City

Country

PATENT TRADEMARK OFFICE

Zip Code

Fax

Name (Print/Type)

Joseph H. Golant

Registration No. (Attorney/Agent)

24,210

Signature

Joseph H. Golant

Date

12/30/02

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FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
TOTAL AMOUNT OF PAYMENT (\$) 896.00		Filing Date	
		First Named Inventor	Jay R. Machael
		Examiner Name	
		Art Unit	
		Attorney Docket No.	087522-785-323

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																													
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 10-1202 Deposit Account Name: Jones Day		Large Entity Small Entity																													
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																															
FEE CALCULATION																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td>770</td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>(\$) 770</td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	1001 770	2001 385	Utility filing fee	770	1002 340	2002 170	Design filing fee		1003 530	2003 265	Plant filing fee		1004 770	2004 385	Reissue filing fee		1005 160	2005 80	Provisional filing fee		SUBTOTAL (1)			(\$) 770		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																															
Total Claims 27 -20** = 7 X Fee from below 126 = 126 Independent Claims 1 -3** = 0 X = 0 Multiple Dependent =																															
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		Other fee (specify)																													
		*Reduced by Basic Filing Fee Paid																													
		SUBTOTAL (3) (\$) 896.00																													

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Joseph H. Golant	Registration No. (Attorney/Agent)	24,210
Signature	<i>Joseph H. Golant</i>	Telephone	(312) 782-3939
		Date	12/30/03

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